

North Carolina State Board of Certified Public Accountant Examiners

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APPLICATION FOR INACTIVE STATUS

NOTE: No annual renewal fee or return of CPA certificate required

Name: _____

Business Name: _____

Mailing Address: _____

City/State/ZIP: _____

Daytime Phone Number: (____) _____

E-mail Address: _____

NC CPA Certificate Number: _____

If this is a change of address, please check here: _____

I desire to be classified as inactive. I have read the rules of the Board found in 21 NCAC 08A .0301, 08J .0105, and 08J .0106.

I understand that under the North Carolina Accountancy Statutes and Rules, I cannot use the title Certified Public Accountant (CPA) or allow anyone to refer to me as a Certified Public Accountant (CPA) in North Carolina. I certify under oath that I will not identify myself as a CPA to any person in any manner as specified in 21 NCAC 08A .0308(a) and (b) as long as I remain on inactive status. I will not assume or use, in writing or orally, directly or indirectly or through third parties, "any words, letters, abbreviations, symbols or other means of identification" to identify myself as being licensed as a CPA. Such representation includes, but is not limited to, "...the use of titles or legends on letterheads, reports, business cards, brochures, resumes, office signs, telephone directories or any other advertisements, news articles, publications, listings, tax return signatures, signatures on experience or character affidavits for exam or certificate applicants, displayed membership in CPA associations, displayed CPA licenses from this or any other state, and displayed certificates or licenses from other organizations which have the designation 'CPA' or 'Certified Public Accountant' by the [my] name."

I further certify under the penalties provided by law to the truth and accuracy of the information submitted above.

Signature: _____

Date: _____